

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

## ARTICLES OF DISSOLUTION

FILING FEE: \$10

1. The name of the corporation is \_\_\_\_\_

2. The date dissolution was authorized: \_\_\_\_\_

3. The number of votes (outstanding shares) entitled to be cast on the proposal to dissolve was \_\_\_\_\_.

Number of Shares Voting For: \_\_\_\_\_

Number of Shares Voting Against: \_\_\_\_\_

### OR

The total number of undisputed votes cast for dissolution was \_\_\_\_\_. The number cast for dissolution was sufficient for approval.

4. If voting by voting groups is required show the number of votes entitled to be cast separately by each group and the number voting for and against.

Group	Number Entitled to Vote	For	Against
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To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
(Notary Public)

Notarial Seal

**An original and one exact or conformed copy must be submitted.**

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